

# **DARWIN LOOK AND LEARN ATTACHMENT REPORT**



**DATE: JULY 27-AUGUST 17 2016**

**SITE: ROYAL DARWIN EMERGENCY DEPARTMENT**

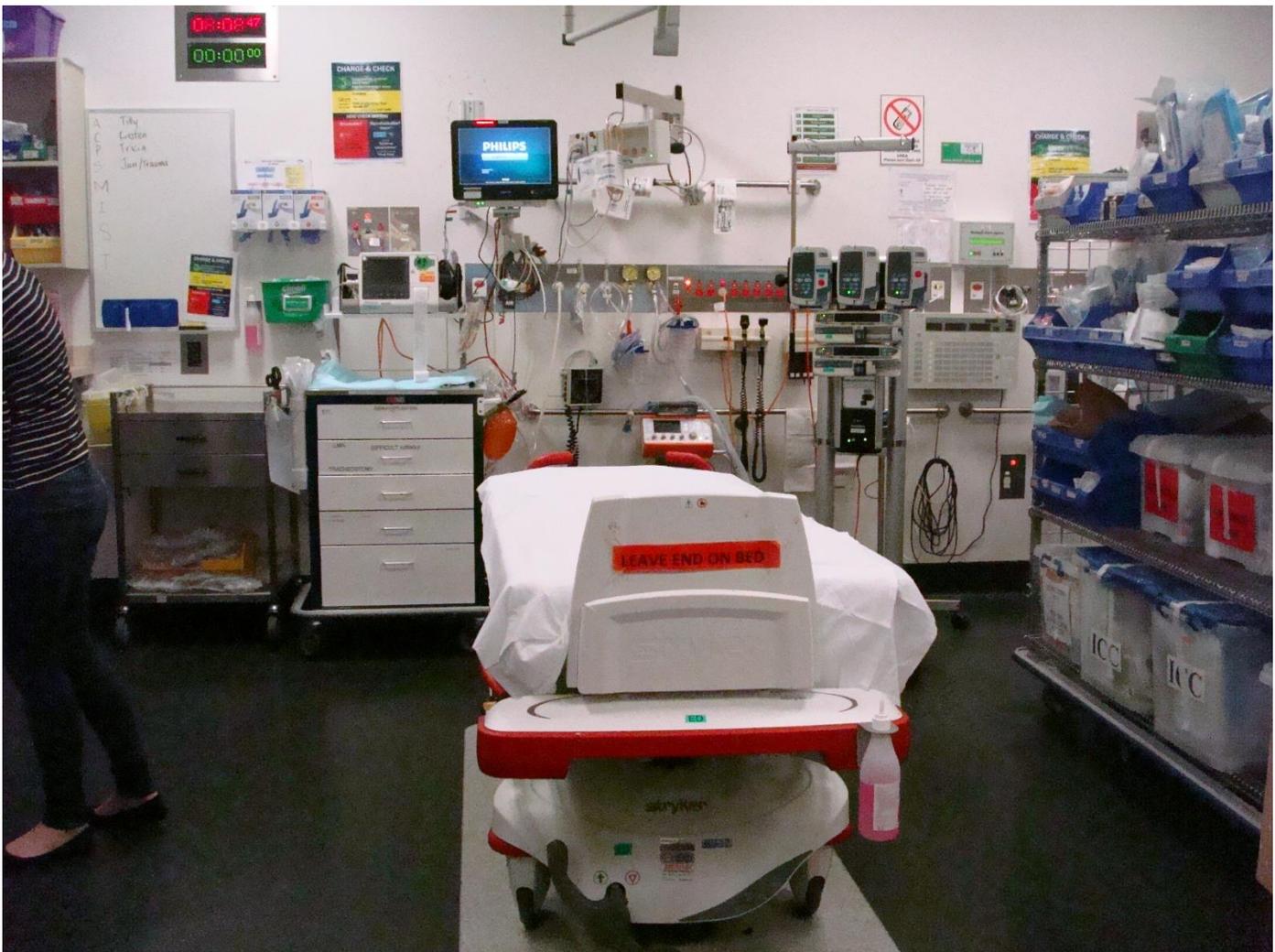
**BY: DOREEN SIOPE AND WILLIE FALEBO**

The two week “Look and Learn” attachment at the Royal Darwin Hospital was an inspirational trip that helped broaden our perspective of the Emergency Department.

## Overview

The attachment came about as two doctors from the Solomon Islands Emergency Department had previously done a year long attachment at Royal Darwin Hospital Emergency Department as part of their training, however none of the nurses in Solomon Islands have been exposed to an Emergency Department setting in a developed country with set systems and processes. Thus the attachment was decided for nurses to gain exposure. The objectives of the attachment are:

1. Exposure and experience in an Australian tertiary referral Emergency Department
2. Daily briefing/debriefing with clinical nurse educators
3. Attendance and Participation in Advanced Life Support Level 1 Course
4. Develop an improvement plan for the Emergency Department on their return
5. Drive implementation of the improvement plan in consultation with the Emergency Department Staff
6. Assist with implementation of the Solomon Islands Triage System currently being developed.
7. Participation in the two day Emergency Triage Education Course.



The trip was funded by the St Vincent Pacific Health fund. The supervisor onsite was Antony Robinson, Clinical Nurse Consultant Educator at Royal Darwin Hospital, assisted by Kevin Dunshea and Anna George, Clinical Nurse Educators.

The first two days we attended the Emergency Triage Education Course then after that we went onto the floor. Each day we were buddied with a nurse and twice a week we observed in the resus area. We also sat at triage and observed how it was done, receiving ambulance patients, taking handover from ambulance, MIST handover, receiving phone calls and how to take messages. In the resus room we observed resuscitation of a child with asthma, a trauma case, and a patient with a stab wound to the chest. We also had the opportunity to accompany a patient to the CT scanner which was a new experience for us and attended the Advanced Life Support Course.

We saw the importance of triage and having clear pathways for patient flow, the difference of having an organized prehospital system in place so that the Emergency Department team is notified ahead of the very sick patient arriving and can prepare themselves, having a team approach to resuscitation with clearly defined roles before the patient arrives, having simple things like lines on the floor to guide patients to xray or lab, having a paging system and intercom in the Emergency department. The importance of having a bed manager. Another definite advantage we observed was that having a computerized patient information and flow system meant you could see how many empty beds in the department, how many patients are in the waiting room and the different categories of the patients.

We feel that the objectives of the attachment were all achieved.



Antony Robinson, Clinical Nurse Educator



Willie, Doreen and Anna, Darwin Hospital

### Reflections

The environment there is very different to what we are used to and the department is very big, but after being orientated and on the floor it became more familiar. We only observed during the morning shift but would have liked to see the Emergency department activity during the other shifts as well. An exchange program where senior nurses from Darwin can visit the Solomon Islands Emergency Department to give them more insight into our Emergency Department setting so they can better assist us in helping us to meet our objective in developing an improvement plan would be extremely beneficial.

If we were involved in supporting someone to work in a similar project we would be interested to hear about their experience and its usefulness to their practice. We would like them to observe specific systems or practices that would be transferrable to our emergency department in the Solomon Islands. In this way together we can improve the patient care for the people of the Solomons and improve the skills and awareness of best practice for our nurses. Good communication with our in charge nurses within our department would ensure that nurses returning from this program are supported in their attempts to make changes for the better.



### **Acknowledgement**

We would like to thank:

- St Vincent Health Fund for funding this trip giving us the opportunity to attend this attachment.
- The ED Management, National Referral Hospital, Solomon Islands and the ED Management Royal Darwin Hospital for arranging this attachment.
- Antony Robinson our supervisor for being patient and understanding and going out of his way to make sure we were both comfortable. Also Anna, George and Kevin Dunshea.
- The Ministry of Health Solomon Islands for allowing us to attend this attachment
- Our families for their support

### **Appendix:**

Attached are our certificates of participation in the two courses attended during the attachment.

